DEATH CERTIFICATE REQUEST FORM

Fee: $20.00 Each

Full name of deceased:

Date of death: __________________________ Sex: M __ F __

Place of birth: __________________________ Date of birth: ______________

Father's full name:

Mother's full name:

If married spouse’s name:

PERSON REQUESTING DEATH CERTIFICATE:

Full name:

Address: __________________________ Phone: __________________________

Relationship to deceased: ______________ Intended use of certified copy:

Applicant’s Signature:

** Note: Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director and the surviving spouse or next of kin may obtain a copy of the death certificate with the decedent’s Social Security number listed on the death certificate. All other requesters will receive a certified copy without the decedent’s Social Security number.

One Time Fee Waiver for A Copy of a Veteran’s Death Certificate:

Effective 10/1/2011, CT law (C.G. S. §7-74 (c)) allows the spouse, child or parent of a deceased veteran to obtain one (1) free copy of the deceased’s death certificate provided the requester presents a copy of their valid Government issued photo ID, and proof of their relationship to the deceased. Examples of proof of relationship include a marriage certificate for a spouse, one’s own birth certificate, if a child of the deceased, or the deceased’s birth certificate, if a parent of the deceased.

FOR REGISTRAR’S USE ONLY:

Date certified copy issued: __________ Person issuing copy: __________________________

Form of identification used: __________________________